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A CASE OF FIBRO-CYSTIC DISEASE OF THE UTERUS.

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In August, 1873, I was consulted by Mrs. M. for an enlargement of the abdomen. She was forty-eight years old, a native of Maine. There was no evidence of hereditary disease in her history. Menstruation first appeared at fifteen, and was normal. In her seventeenth year, while at school away from home, the menses appeared vicariously from the Schneiderian membrane. On her return home, the catamenia resumed their usual regularity *per vias naturales*. In her nineteenth year, while residing at the seashore, the menses were again absent several months. There was no vicarious discharge, but her health suffered materially. She was advised to leave the seashore, and did so, with a decided benefit to her health, and a normal return of menstruation. She married at twenty, and gave birth three times with normal labors; the last, twenty-three years before. In the latter part of 1863, she suffered ten weeks from metrorrhagia, which ceased spontaneously. During the year of 1867, her health failed rapidly. On one occasion, while engaged sewing, she felt suddenly faint, and swooned. During this peculiar and unaccountable attack, the jaws were fixed, muscles generally rigid, and there was an entire loss of consciousness, from which she was fully restored in the course of an hour. During the convalescence, her family physician, Dr. Edmund Russell, of Lewiston, Maine, discovered a firm, regular tumor, the size of a hen's egg, at the right and very near the uterus. Ever after this time, she was confined most of the time to the bed and lounge, unable to stand, as she stated, on account of the severe, dragging pain in the vicinity of the liver. From 1867, the date of the discovery of the tumor, until 1870, the growth steadily increased in size. Early in 1870, she suffered again from metrorrhagia of thirty-three days' duration. At that time, the abdomen had attained the size of pregnancy at four and a half months, and the tumor was plainly to be felt at the right of the uterus. It appears, with the exceptions above mentioned, that the catamenia appeared every four weeks, but were always profuse until latterly, when they were scanty. Their last appearance was about two months before I saw her.

Her condition when I first saw her was as follows: On inspection, the patient was of full stature, of fair, ultimate nutrition, dark complexion, mammæ atrophied, the abdomen of a peculiar, round, regular form, the size of pregnancy at the seventh month. On palpation, the abdomen measured thirty-three inches in circumference; the tumor was

smooth and firm on all sides, and admitted of but slight motion in any direction. On the left of the median line, immediately above the pubes, there was felt, on deep pressure, a well defined, firm, elongated body, closely connected with the main tumor. Arising from below the pubes, it extended upward to the left at least three inches above the pubes. The abdomen was covered with a thick layer of adipose tissue, evidently free from the surface of the tumor. Percussion elicited dulness in all parts of the abdomen. Anteriorly, clearness in both flanks, also evidences of deep-seated fluctuation, rendered indistinct by the thickness both of the abdominal walls and those of the tumor. On auscultation, the pulsations of the aorta were distinctly audible over the central portion of the mass. Vaginal exploration revealed vagina unusually long, evidently put upon stretch superiorly by what, on exploring farther, proved to be the uterus crowded up behind the pubes, and with great difficulty reached with the index finger. By the sound, which is introduced only after repeated attempts, I found the organ fixed and inclined to the left, its cavity measuring about three inches, and by bimanual palpation, namely, the sound in the cavity, and a hand upon the tumor above the pubes, that the latter was intimately connected with the uterus. With the use of a needle of the aspirator, the instrument passes through a thick layer of fat and muscle, thence through a dense, resistant mass, and, finally, into a cavity. There followed a thin, amber-colored serum, which instantly gelatinized on exposure to the air, and, in its congealed state, resembled calf's-foot jelly. Diagnosis reserved.

December 9, 1873.—The patient informed me of her arrival at East Boston, having travelled two hundred miles. The journey was well borne, and she soon recovered from the fatigue. Since August, the date of my first acquaintance with the patient, the abdomen had increased four inches in circumference. Two weeks later, I removed, with an aspirator, from the right side of the tumor, twelve ounces of fluid, of the same nature, consistence and color as that taken on a former occasion. On standing, a fibrinous clot was deposited, which occupied two-thirds the capacity of the vessel which contained it. The removal of the fluid afforded decided relief, and the secretions were very much increased immediately after. Thinking that a more complete evacuation of the fluid might give still greater relief, and facilitate the examination, I determined to tap again at no distant day.

Soon after this, Drs. Wheeler, of Chelsea, and Chadwick, of Boston, saw the patient with me. Dr. Wheeler expressed no opinion. Dr. Chadwick was disposed to consider it ovarian. Three weeks later, with Dr. Chadwick's assistance, I attempted to evacuate the fluid by means of Potain aspirator. The instrument not being quite in order, but little fluid was removed.

January 13th.—Dr. Gilman Kimball, of Lowell, saw the case in consultation. In passing, he remarked, and called my attention particularly to, the hardness and immobility of the tumor; then proceeded to apply a method of examination suggested to him by Dr. W. L. Atlee, of Philadelphia, as follows: The uterine sound having been introduced and held firmly by the handle, Dr. Kimball pushed or rolled the mass from side to side. The impression imparted to the sound by this manipulation was direct and unmistakable. The instrument was now left to itself in utero and the clothing removed in order to note its

movements. The movements of the sound corresponded with those of the mass in a manner which showed unquestionably the close relation of the tumor with the uterus. Dr. Kimball considered it fibro-cystic disease of the uterus.

Having now fully determined to attempt a complete evacuation of the tumor, January 21st, in the presence of Drs. Wheeler, of Chelsea, Lyman and Chadwick, of Boston, I introduced a large trocar and canula in the median line, at a point two inches below the umbilicus. A continuous stream of bloody serum followed the withdrawal of the trocar, which coagulated on reaching the bottom of the vessel. It was thought at first, that what seemed like pretty severe hæmorrhage was caused by the severing of small vessels in the abdominal wall, and would soon cease spontaneously; I therefore allowed the fluid to flow until three pints had escaped. Its bloody character still persisting, there could be no mistaking the fact that our patient was losing a large amount of pure blood. The canula was therefore removed, and the discharge ceased at once. Our fears were soon proved not to have been groundless, for a moment later a state of complete collapse ensued. After nearly an hour of incessant effort on the part of the gentlemen present, she was finally resuscitated. Dr. Chadwick kindly remained with the patient from 5 till 8, P.M.

January 22d.—Patient slept very little the night before; experienced no pain, only slight tenderness at the point of puncture. On bottling the fluid and allowing it to stand, one-fourth consisted of blood coagula, which settled to the bottom; the remainder of an amber-colored serum, much the same quality as that mentioned before. Notwithstanding a most fickle appetite, in the course of ten days she seemed like herself again, though not quite up to her former condition.

March 10th, there was an effort at menstruation, the first since June previous. The flow continued four days, and was attended with the usual sensations. Having employed all the ordinary means of diagnosis, aided by the advice of others, I gave it as my opinion that her disease was fibro-cystic disease of the uterus, for the relief of which an operation was not to be thought of. I should have remarked that her family physician, Dr. True, of Farmington, Maine, who had watched the case for the past few years, had always been inclined to consider it uterine, and so expressed himself at the first visit. During March and April, I saw the patient less frequently.

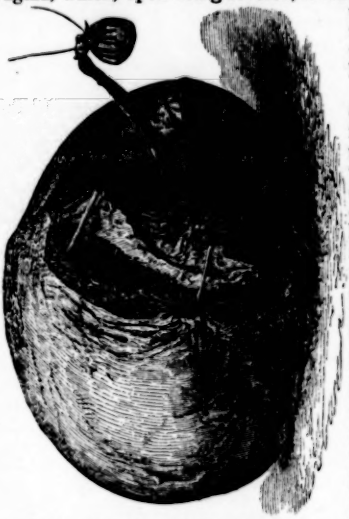
April 20th, I was summoned to see her. For some unaccountable reason, a marked change had taken place in her condition. The face was sallow, and œdematous; also decided œdema of the extremities. Little nourishment was retained, either by the mouth or by enema.

May 1st, the patient had changed beyond recognition; the face was still more œdematous. She lay in a semi-conscious, and at times delirious, state much of the time. On May 4th, death ensued.

Post-mortem, twelve hours after death, Dr. Wheeler being present. Body generally emaciated; incision passed through three inches of adipose tissue. On reaching abdominal cavity, came down upon a smooth, spherical body, the size of a pregnant uterus at the sixth month. The mass is entirely free from adhesions, superiorly, anteriorly and posteriorly; admitted of limited lateral motion, and is firmly attached low down in the pelvis at its inferior extremity. On being raised, the attachments are found to be with the bladder anteriorly,

and the pelvic wall laterally; not by the result of inflammation, but by normal tissue. The right tube and ovary were wanting. The left, round ligament and the central attachment being cut, the mass was removed entire.

The last procedure proved the central attachment to have been the vagina, which, upon being severed, revealed at the inferior extremity of the tumor, the os and cervix uteri. The sound passed into the uterine cavity, to the left, three and a half inches.



Examination of Specimen by Dr. Fitz.— General form nearly spherical; dimensions, ten inches long, eight wide; weight nine pounds. The outlines of the uterus are distinctly felt, situated in left anterior portion of the mass. On section, mean external length four inches; cavity, three and a half inches, is generally smooth, with a few small, elevated, submucous polypi. General thickness of wall normal. Right horn considerably elongated, funnel shape. Right Fallopian tube ten inches long, stretching over and attached to the surface of the tumor, terminating on the right side, in a closed sac, the size of a small intestine, dropsical, containing an ounce of dark-blue fluid. No appearance of fimbriæ. Left tube normal, small cyst at fimbriated extremity; left ovary apoplectic, size of a peach. Tumor intimately connected and continuous with the whole posterior surface of the uterus as far as just below the internal os, and had apparently extended outward, upward and between the layers of the right broad ligament. The upper portion of the broad ligament, a sort of sheath without adhesion. The right round ligament flattened out and elongated. To the right of round ligament, a depressed cicatrix, probably resulting from puncture. Tumor covered everywhere by peritoneum, except a small portion of the posterior and lower surfaces. Section through tumor showed its central portion to be a dense, tough, reddish gray tissue, and a greater portion of the surface representing cavities; a mesh-work of friable fibrous tissue filled with clear, amber-colored fluid. In one part of the tumor, a decolorized blood clot. The tumor was enclosed in a dense, apparently fibrous wall, which could be enucleated from its peritoneal investment. The most intimate connection between uterus and tumor was at about the middle third, where the tumor could not be enucleated from the uterus without injury to the uterine tissue. The tissues connecting the two were in the main fibrous, containing, also, involuntary muscular fibres. All the other organs healthy.

As to the cause of death, that the patient never fully rallied from the last tapping was quite evident. She was, however, very comfortable, and talked about returning to her home. The announcement that nothing could be done for her, although, as we have said before, she had never hinted at the least disappointment, must nevertheless have exerted a serious effect upon her, inasmuch as she had been for many years a great tax upon the patience and strength of an only daughter, who was herself an invalid.

A CASE OF PUERPERAL PERITONITIS, WITH SUDDEN DEATH WHEN APPARENTLY NEARLY RECOVERED.

By FRANCIS J. CANEDY, M.D., of Shelburne Falls.

WAS called, March 19th, at 2 o'clock, A.M., to attend Mrs. S., a German woman, in labor with her fifth child. On my arrival, I found that the liquor amnii had escaped an hour before; but, on making an examination, found the uterus high up in the pelvis, so high, in fact, that it was with difficulty that I could reach the os, which was dilated only sufficiently to allow the introduction of the end of my index finger. I could not definitely make out the presentation at this time, but decided that it was not the vertex.

The pains were not hard. Two hours later, I found the os fully dilated, and the shoulder of the child presenting. I now introduced my hand into the uterus, accomplished version, and delivered the patient of a living child without much difficulty. I then administered one-half drachm of Squibb's fluid extract of ergot, as is my custom when contractions of the uterus are sluggish, and I have reason to fear post-partum hæmorrhage, which I was anxious to prevent in this case, the woman being in poor health during the latter part of her pregnancy, and at this time quite anæmic. In a few minutes after the administration of the ergot, a firm contraction of the uterus came on, expelling the placenta, and no hæmorrhage followed. Left her at 7½ o'clock comfortable.

March 20, A.M.—Found Mrs. S. apparently doing well. Pulse 80, and regular. Had taken one Dover's powder the previous evening, for the relief of after-pains, after which she had rested well during the night. The infant was well.

March 21, 8 o'clock, A.M.—I found Mrs. S. complaining of severe pain in her head; said she had not rested since midnight, and had been chilly at two or three times, but had had no severe chill. Pulse 100, with an uneasy sensation about the bowels, but no pain. The bowels were not tympanitic, nor was there much tenderness. Could feel the uterus above the pubes, but there was no evidence of inflammation of the organ. The lochia was natural. After a careful examination of the case, I decided that the headache and fever were caused by the coming of the milk, which was beginning to be felt in the breasts.

As the bowels were constipated, I prescribed a bottle of the solution of citrate of magnesia, one-half to be taken immediately, and the remainder in six hours, if the bowels were not previously moved, and

directed cold cloths to the head. In six hours, I was sent for to see her again. The pulse was now 135 per minute. Pain in the bowels very severe, with some tenderness; countenance pinched and anxious; tongue slightly coated. I concluded that the symptoms observed in the morning, and attributed to milk fever, were caused by the forming stage of puerperal peritonitis. I directed an injection to be given at once, which produced a free evacuation of the bowels, and prescribed opium, in two-grain doses, once in three hours, until the pain was relieved. Tincture of aconite root, in two-drop doses, every four hours, with hot hop fomentations to the bowels. Six hours later, and after taking four grains of opium, I found her nearly free from pain, with a pulse 118 per minute, and with a moist skin. I found that cloths had been applied to the bowels so hot as to make quite an extensive burn just below the umbilicus, which was smarting considerably, a method of counter-irritation that I had not counted upon.

March 22d.—Found Mrs. S. quite comfortable. Had slept considerable during the night, and was, at the time of this visit, pretty thoroughly under the influence of opium, having taken ten grains in eighteen hours. The pulse was 100 per minute; bowels somewhat tender, and moderately distended with gas. There was nothing in the breasts for the child this morning, nor was there ever at any subsequent period. I prescribed one grain of opium once in four hours, directed a flax-seed poultice to be applied to the abdomen, and that she be fed on beef-tea and milk.

March 23d.—Mrs. S. still more comfortable. Pulse 92; free from pain; countenance looking very much better; has some appetite. The burn upon the bowels getting somewhat troublesome, I directed it to be dressed with mutton tallow under the flax-seed poultice. No change was made in the treatment.

From this time, she continued slowly to improve for about two weeks, the tenderness entirely leaving the bowels, except in the left iliac region, which remained somewhat sore, causing her more or less pain daily, the pain running down the left leg to the knee, and sometimes to the foot.

The left thigh was retracted, and it caused great pain at the groin to straighten it. The appearance of the leg was natural.

Suspecting a pelvic abscess, I made a careful examination per vaginam during the first week in April, but found no indication of such a condition, and attributing the pain and soreness to inflammation of the peritoneum of this region, applied tincture of iodine, and covered the part with cotton and oiled silk, but with little apparent benefit.

She remained much in this condition during the first two weeks of April, pulse averaging about 90. Appetite poor; bowels loose. During this time, she took iron, quinine, porter, beef-tea, milk, &c.

April 14th, a profuse diarrhœa set in. April 15th, she vomited a large lumbricoid worm, and suffered much with nausea and retching during the day and night. On the morning of April 16th, another worm was vomited.

I now gave her one drachm of the fluid extract of spigelia and senna, followed in six hours with one teaspoonful of castor oil, which brought away, within twenty-four hours, thirty-seven large lumbricoid worms. At this time she was very weak, not able to be raised up in bed without faintness. Pulse 100, small and irregular. After the ex-

pulsion of the worms, the nausea ceased, and the appetite became better, the patient taking a fair quantity of beef-tea and milk daily, which, with ale and tonics, soon improved her strength considerably, though the diarrhœa continued in a mild form for some time.

The trouble in the left iliac region and thigh improved but slowly. For two or three hours during every afternoon she had considerable fever, the pulse rising to near 100, the face becoming flushed, and headache and thirst being complained of. During the remainder of the twenty-four hours, the pulse averaged 85 to 90. She rested quite well at night, taking, every evening, one grain of opium.

The first week in May, the patient becoming somewhat discouraged at her slow progress, Dr. C. M. Duncan, of Shelburne, was called in consultation, who thought she was doing as well as she could expect, prescribed to her patience and good courage, and recommended a continuance of tonics, nutritious diet and counter-irritation.

At this time her pulse was 80, but intermittent. From this time up to the day of her death, which occurred May 22d, her improvement was constant, and, during the last week, had been rapid. The evacuations from the bowels had become natural, her fever had left her, the pain and soreness in her bowels and leg had pretty much subsided, and she could walk about her room quite well. Her pulse, for one week before her death, had been 75 and regular. In the afternoon of May 22d, while lying upon her bed, after feeling unusually well during the day, she called for water, saying she was faint, and expired before her friends could reach her bedside.

The autopsy took place May 23d, P.M., Drs. C. M. Duncan, C. E. Severance and myself being present.

The stomach and bowels were considerably distended with gas, which we concluded was *post mortem*, as it was not observed when I examined the body a short time after death the previous day. There were about four ounces of water in the pericardium. The heart was normal in size and form, as was also its walls and valves. In the right ventricle was a clot, which had the appearance of being pure fibrin, some two and one half inches long, and three fourths of an inch thick at its largest extremity, gradually tapering to a point at the other. This clot was so firm that some force was required to break it down, and of a light, almost white color, except at its larger extremity, which seemed to contain red blood-discs. Pulmonary veins filled with coagulated blood. In the abdominal cavity there were some six ounces of water, but no pus. The uterus appeared normal. The peritoneal covering of the left Fallopian tube and ovary was somewhat congested, and a portion of the fimbriated extremity of the tube was adherent to the walls of the abdomen at one point. The peritoneal covering of a portion of the small intestine on the left side was reddened, showing the marks of recent inflammation. The spleen was large, and adherent to the walls of the abdomen at one point, and also to the stomach above the gastro-splenic omentum. The liver was much congested, but in other respects normal. The kidneys were not examined, as no symptoms of trouble in those organs had ever been observed in the patient. Lungs healthy so far as examined. Brain not examined.

CASES OF DRAINAGE FROM THE CUL-DE-SAC OF DOUGLASS AFTER OVARIOTOMY.

By GILMAN KIMBALL, M.D., of Lowell.

(Continued from page 595, vol. xc.)

Miss B., of Greenfield, Mass., 32 years old, unmarried, of rather feeble constitution, discovered, about two years ago, that she was growing large in the abdomen; no distinct tumor, but simply an unusual fulness. There was also swelling of the lower limbs. She took diuretics, and the swelling, both in the abdomen and the limbs, mostly disappeared, and her health seemed quite restored. The improvement, however, was only for a short time; abdominal enlargement returned, and the lower limbs became again swollen as badly as ever; there was also a decided change in her general health—loss of appetite, emaciation, great debility, &c.

Abdominal distention becoming excessive and distressing, she was tapped, and relieved of about thirty pounds of ascitic fluid. It was now discovered that the abdomen was occupied with several well defined cystic tumors, the largest seven or eight inches in diameter, obviously ovarian.

Relief from tapping was of short duration; the dropsical condition soon returned. The question now arose, whether this merely palliative measure should be repeated, or an operation be performed with a view to a radical cure. With a full comprehension of the magnitude and danger of such a procedure, the latter proposition was decided upon.

In pursuance of this decision, I was applied to, and visited the patient the 30th of November, 1868. I found the case not altogether so favorable as I had anticipated, yet not so unpromising as to justify my refusing to give the patient the only chance for her life. The operation was performed without further delay. Drs. Walker, Dean, Osgood and Fiske, of Greenfield, and Stedman, of Brattleboro', were present and assisted.

On making an incision through the parietes, some five or six inches in length, between the umbilicus and pubes, the peritoneal cavity was found largely occupied with ascitic fluid. This was mostly removed before proceeding further in the operation. The tumor, consisting of both cysts and solid matter, was found attached to the parietes in front and on each side by firm adhesions. The omentum, also, was implicated to some extent. In breaking through the adhesions, and in the effort to dislodge the tumor, several cysts were unavoidably ruptured, a circumstance that necessarily complicated and prolonged the operation.

Before cutting away the tumor, the pedicle was tied in two parts with silk ligatures, the stump dropped back, and the ligatures passed out of the pelvis through the vagina.

The hæmorrhage incident to the breaking through the adhesions, and from the torn omentum, was rather profuse. Several vessels opening upon the parietal surface were tied with fine silk and the ligatures cut close to the knot. The omentum bled from too many points to admit of each vessel being tied separately; and in order to meet the

difficulty in the most effectual way, a considerable portion of it was embraced in a single ligature and then cut clean away.

Before closing the incision, the matter that had escaped into the peritoneal cavity from the ruptured cysts was carefully and thoroughly removed by means of sponges and soft cotton cloths. The lips of the wound were brought together with six deep sutures, and so adjusted that nearly all the points of peritoneal surface damaged by adhesions were effectually excluded. Outer dressings the same as usual.

The patient was a good deal exhausted immediately after the operation, but soon rallied, and showed no signs of sinking. During the following night, she slept several hours, complained of no pain or other suffering; on the whole, was more comfortable than could reasonably have been expected.

The subsequent history of the case I quote from the carefully kept record sent me from day to day by the faithful and judicious attending physician, Dr. A. C. Walker.

"The condition of Miss B. from 7½ o'clock, A.M., yesterday, Dec. 1, to 7½, A.M., to-day, Dec. 2, has been as follows:—

"At 7½, A.M., yesterday, pulse 116. 1, P.M.—Pulse 130. 3, P.M.—Pulse 120, after opiate and beef-tea. At 5, P.M., pulse rose to 130, and so continued till 1, A.M., this morning, Dec. 2, when it rose to 140, somewhat fluctuating. After beef-tea and an opiate, it became steadier. 7, A.M.—Pulse 132; abdomen a little distended; complains of some pain. On the whole, the vital powers seem to have failed considerably.

"Dec. 3d.—Record of case ending this morning at 6½ o'clock. Beginning at 9, A.M., yesterday (Dec. 2).—Pulse 130, sharper than usual; face pinched; no tympanites; no pain.

"1, P.M.—Pulse 140; suffers from pain occasioned by flatus; slight distention. Took twenty drops of laudanum with relief. Flatus relieved by rectal tube.

"6, P.M.—Pulse 140. Continues bright. Says she feels quite comfortable. Takes beef-tea and stimulants freely. Dark discharge from vagina noticed for first time. Urine drawn by catheter every eight hours; six or eight ounces each time, of good color.

"3, A.M., Dec. 3d.—Pulse 132, fuller and softer. Sleeps quietly; taken no opiate since 1, P.M., yesterday. Complains of feeling '*tired*.' No vaginal discharge.

"6, A.M.—Pulse 134. Just waked up. Says she feels quite like herself. Takes nourishment a little more freely. Bears stimulants well; says they agree with her better than anything else. Vaginal discharge returned. No appreciable fulness of the abdomen. No appearance of accumulation of fluid in the peritoneal cavity. Countenance clear and bright. For the first time during the last twenty-four hours, a decided moisture of the skin.

"12, M.—Pulse 128. More febrile action; face flushed; some 'pain in the bowels'; noises in the street irritate and disturb her. Took a tablespoonful of whiskey and twenty drops of laudanum at 11. Discharge from vagina continues. No abdominal distention. No signs of accumulation of fluid.

"2, P.M.—Pulse 135, soft, not full. More comfortable; less excitable; less pain.

"6, P.M.—Pulse 140, soft and very compressible. Says she '*feels*

so tired and nervous.' Took a laudanum enema at 5, and beef-tea, ten to twelve ounces in the last fifteen hours; agrees well with the stomach; no nausea. Urine by catheter, eight ounces. No pain in the bowels, 'except what goes through from the back.' General appearance that of weakness and nervous irritation. Mind perfectly clear, and reacts well under the influence of opium and stimulants. Slight discharge from vagina. Bowels somewhat distended.

"1, A.M., Dec. 4th.—Clammy sweat all over the body; distention of the abdomen; apparently sinking. Relieved deep sutures; the lips separated rapidly. An attempt to introduce a female catheter into the abdomen through the lower end of the incision caused a good deal of exhaustion. It was followed, however, by a slight oozing from the wound and a return of warmth to the extremities.

"3, A.M.—Pulse 145, weak. Skin not quite as clammy. Took whiskey and beef-tea; also an enema with twenty-five drops of laudanum. Sleeps well. Mind perfectly clear.

"12, M.—Pulse 145, soft and weak. Quite drowsy; has slept most of the time for the last three hours. Less nervous and irritable. An attempt to get a discharge through the wound failed.

"3, P.M.—Appears a little better. Pulse 135, soft and weak, but distinct. Countenance brighter; says she 'don't feel as though she was going to die.' Mind clear. Voice natural. Just had a free discharge per vaginam. Dressings all removed. Incision all healed, except an inch at the lower end. Very little distention. Only a slight fulness about the umbilicus, which seems like a hard tumor with distinct outlines, sensitive, but not painful.

"8½, P.M.—Same as above as to general condition. Within the past two hours, had two discharges from the bowels, liquid, with considerable flatus; from two to three ounces fœtid discharge from vagina.

"6, A.M., Dec. 5th.—Pulse 130, fuller and stronger. Has slept naturally several hours during the night. Taken freely beef-tea and brandy. Vaginal discharge continues. Coughs occasionally, from accumulation of mucus in the fauces and bronchi. The nervous, excitable condition of yesterday has passed away, and she is comparatively comfortable.

"2, P.M., Dec. 6th.—Pulse 135. Cough troublesome, causing some pain in the bowels, and considerable exhaustion. Otherwise, symptoms are favorable.

"Dec. 8th.—Condition of patient is slightly improved within last twenty-four hours. Pulse, at 3, P.M., yesterday, 130; afterwards came down to 124, and so continues. Greatest trouble, mucus in the fauces and bronchi. Distention of abdomen mostly gone. Discharge from vagina more abundant. Says she feels better and stronger. Sleeps quietly and is refreshed. Has vomited once; nausea continued some time after, but was relieved by lime-water and milk.

"Dec. 10th.—Last night, upon removing the dressings from the lower angle of the incision, there welled out from the peritoneal cavity some ten or twelve ounces of sero-purulent fluid, dark colored, very offensive; several ounces more escaped through the night. Following this event, the bowels became more distended than ever, and attended with considerable pain; pulse 134; inclined to sweat. On the whole, not quite as well as twenty-four or forty-eight hours ago.

"Dec. 12th.—Less appearance of sinking than yesterday and day

before; pulse has steadily fallen from 134 to 110; this morning, sleeps well; disinclined to take nourishment as heretofore; it is now given per rectum, once in two to four hours; discharge continues from the abdomen and from the vagina; very offensive; ligature separated from omentum; incision not inclined to heal soundly; points perforated by sutures, disposed to ulcerate. Urine abundant; bowels moved naturally twice in the last twenty-four hours.

"Dec. 15th.—No more unfavorable symptoms; pulse has gradually come down to 100, fuller and stronger; countenance natural; sleeps well; appetite good; takes beefsteak, eggs, &c.; discharge from abdominal incision diminished, and less offensive; vaginal discharge still continues; bowels moved twice daily; incision not disposed to heal; lips still held together by adhesive strips.

"Jan. 5th.—Patient has continued to improve, though slowly; incision almost closed; lower angle still open slightly; appetite good; strength gaining every day; pulse 85 to 95, and stronger. On the whole, the case now bids fair to result in ultimate recovery."

In reporting the above case, I have made a transcript of nearly the entire record furnished by the attending physician. I have done so because a less minute account of it might fail to present in a just light the special points of treatment it was designed to illustrate.

Aside from the *generally* unpromising aspect of the case at the outset, the several difficulties that presented themselves during the progress of the operation were such as were calculated to greatly lessen the chances of a favorable result. I allude, of course, to the dropsical effusion, extensive adhesions, and rupture of cysts, with an escape of contents into the peritoneal cavity.

As regards the dropsical condition, it might not of itself have been regarded as a matter of very great importance; in connection, however, with the other conditions referred to, it became a more serious complication. Following the operation, there was to be, to some extent, at least, a reaccumulation of ascitic fluid; this fluid was to combine with more or less blood and cystic matter (the thorough removal of which from the peritoneal cavity is always next to impossible) and the result would be, probably, the formation of a poisonous material that would almost inevitably give rise to all the fearful symptoms of septicæmia.

It was with the view of providing against this contingency that the plan of passing out the ligature of the pedicle through the vagina was resorted to; a plan I was the more inclined to adopt in the present instance from the obvious benefits already derived from it in previous cases. How far, in point of fact, the early discharge of matter brought about by this means may have served to modify or mitigate the severity of those symptoms that began to manifest themselves within the first forty-eight hours after the operation, it is, of course, impossible to determine; all things considered, however, it is only reasonable to suppose it *may* have been, in fact, the life-saving circumstance in the case.

Early on the third day after the operation, symptoms assumed a threatening character; by the fourth day, they had become much worse, so much so that speedy dissolution seemed almost inevitable.

At this critical juncture, a dark-colored, fœtid fluid began to make its way out of the pelvis through the vagina. The discharge, at first

scanty and inconstant, was followed by no decided evidence of relief, yet it was a noticeable fact that the symptoms, hitherto so threatening, had now *ceased to grow worse*; also, that after a few hours, as the discharge increased and became more constant, the case assumed a more hopeful aspect, and so continued till the tenth day, when the incision reopened at its lower angle, giving exit to a still further discharge, similar in character to that which had been passing off all the while by the vagina. This last discharge was evidently the result of a secondary formation, and its timely occurrence may have been the means of preventing a return of those terrible symptoms which had already well nigh proved fatal.

As was the case upon the first appearance of discharge from the vagina, the relief that followed its escape through the last abdominal opening was not immediate (indeed, for two days, symptoms were even more alarming than ever); on the third day, however, the thirteenth after the operation, the case took on a more favorable aspect; the pulse, strength, appetite, in short, every symptom indicated that probably all danger was passed, and that convalescence was, at last, fully and permanently established.

But while illustrating in this case the obvious advantages of a special plan for relieving the pelvis of secondary and poisonous accumulations in the most direct and effectual way, it is well, also, to take into account the *supporting* treatment pursued during the first ten days succeeding the operation. Medication in any form during this critical period could be of no benefit; the obvious indication was to supply the system liberally with nourishment and stimulants. To this end, animal nutriment, mostly in the form of beef-tea and broths, was given at short intervals, and in such quantity as the stomach would tolerate, and when objected to on account of nausea or loathing, the same form of nourishment, in equal or even larger amount, was administered by the rectum. Milk with lime-water was given in considerable quantities, and evidently with good effect. Brandy and whiskey were resorted to, as the prostrate and sinking tendency seemed to render necessary.

As might have been expected, convalescence in this case was very slow. Indeed, several months had elapsed before improvement had reached a degree equal to what is oftentimes seen in *uncomplicated* cases within a fortnight. At length, however, a satisfactory recovery has been attained. The patient is now a resident of one of our Western States, and it is only a few days since that I was informed that she is in the enjoyment of perfect health.

(To be continued.)

TREATMENT OF CHOREA.—Dr. Ransom Dexter, of Chicago, reports the successful treatment of a severe case of chorea, which had resisted all the usual remedies, by ordering perfect rest and quietude for the patient. She was ordered to have the blinds closed, to be kept in the middle room of the house, to observe the strictest quietude in every particular, even to lying as still as possible upon a lounge. Her attendants spoke but little, and the room was kept in a twilight condition.—*Chicago Journal of Mental and Nervous Diseases.*

Progress in Medicine.

REPORT ON DISEASES OF CHILDREN.

By D. H. Hayden, M.D.

Diseases of the Vertebræ in Children.

Dr. Rudolph Demme, instructor in children's diseases, and physician to the Children's Hospital in Berne, gives, in the *Jahrbuch für Kinderheilkunde* N. F. vii. *Jahrgang*, 2 Heft, March 3, 1874, a very interesting article upon "Diseases of the Vertebræ in Children." The material used embraces 138 cases treated in this hospital between July 1862, and the end of December, 1872. Of these, 23 were severe cases of ostitis and periostitis, 10 affecting the cervical vertebræ, 8 the dorsal vertebræ and 5 the lumbar vertebræ. The remaining 115 include, partly, cases of rhachitic disease of the vertebral column, and partly mild cases of ostitis and periostitis (subacute or chronic).

The following are the most important results of the author's observations and researches:—

Diseases of the vertebræ in children can be divided into three classes:

1. Rhachitic, affecting both the bones and the ligaments (a manifestation of general rhachitis); this never is found without the presence at the same time of a similar affection of the ribs and of the extremities, although we find, frequently, rhachitis of the thorax and of the extremities without the vertebræ being affected.

2. Mild cases of ostitis and periostitis, of traumatic origin, mostly healing without consecutive caries and necrosis.

3. Severe cases of ostitis and periostitis, of scrofulous and tuberculous character, with consecutive caries and necrosis, formation of congestion, abscesses, &c.

To be distinctly separated from these actual diseases of the vertebral column are the curvatures of the spine, which in no way depend upon disease of the vertebræ, or of their ligaments, but which have their origin in unequal action of the muscles of the two sides, caused by faulty habits, or by muscular weakness of one side, or in the sinking in of one half of the chest, resulting from the absorption of a pleuritic effusion.

The thoracic portion is the most frequently affected, less frequently the lumbar and cervical portion, and less frequently still the sacral region.

Girls are affected more frequently than boys; on the contrary, however, the severer form of the disease occurs oftener in boys.

The severer affection (kyphosis) is more common between two and eight years of age, the milder form (scoliosis) occurs more frequently between two years of age and puberty.

Rhachitis of the vertebral column is most frequent in the course of the second year, and attacks, generally, the lower third of the dorsal vertebræ and lumbar vertebræ. Permanent curvatures of the spine are left behind only in severe forms of the disease, in which case there is also combined a spiral turning of its axis.

Vertebral ostitis can occur in children of any age, and makes its appearance sometimes in fœtal life. The inflammation can run a per-

acute, acute or chronic course. The anatomical changes are essentially the same in all three forms, differing only in degree. Where the disturbances of nutrition in the affected, osseous portions are especially severe, caries and necrosis ensue. Ostitis almost always has periostitis associated with it.

Primary periostitis of the vertebræ is found more frequently in children than in adults Circumscribed, multiple, periosteal inflammation of the vertebræ occurs sometimes in children as a manifestation of constitutional hereditary syphilis.

In cases of vertebral disease, whether rhachitic or of inflammatory nature (ostitis and periostitis), the ligaments are also affected (especially the intervertebral ligaments).

The following are amongst the most important symptoms, in severe cases of vertebral disease :—

1. Pain. This can consist in increased sensitiveness of the affected part, in violent pain on pressure, on motion, &c., or in paroxysms of pain arising spontaneously without exciting cause. In cases of vertebral periostitis, pain is generally present from the very beginning, and it is also much more severe than in vertebral ostitis; in chronic vertebral ostitis, the pain can often be absent during the entire first stage of the disease. When due to periostitis, the pain is always situated over the seat of the disease; in ostitis, it is sometimes referred to places far remote from the diseased part, to healthy portions of the spine, to the extremities, hip- and shoulder-joints, &c. This peculiarity belongs more to the spontaneous paroxysms, palpation nearly always showing the spot from which the pain has its origin. The spontaneous pain occurs not seldom in periodical paroxysms, as at night, during digestion, &c. These spontaneous pains are sometimes observed where neither the cord nor its membranes have become involved in the disease, and are then probably due to the mechanical pressure of the swollen and congested soft parts upon the posterior roots of the nerves at their point of exit. It is not a constant symptom, and pain upon pressure over the diseased vertebra even can, in exceptional cases, be absent, this symptom depending in large measure upon how much involved the periosteum is.

2. A temporary or permanent unnatural stiff carriage of the vertebral column; sometimes also of the head and pelvis, especially when stooping, bending forwards, &c. This is sometimes the first noticeable symptom in commencing ostitis vertebrarum, there being neither pain on pressure nor any deviation in form, these latter symptoms not appearing until several months afterwards.

3. Angular deformities and curvatures of the spine.

In the severest forms of the disease which have terminated in caries and necrosis, we find also :—

4. Formation of congestion abscesses, and

5. Affections of the spinal cord and its membranes, with the series of symptoms belonging to them.

Naturally, it is in the advanced cases of spondylitis which have gone on to caries with abscess formation and angular curvature, that the latter affections are most frequently observed, manifesting themselves in addition to the above described pains, by paralysis, paresis, contraction of the extremities, &c., and sometimes causing convulsions. In the earlier stages of the disease, especially when ushered

in with acute symptoms, a hyperæmic swelling or œdema of the cord or of its membranes, occasioned by pressure, can cause the described symptoms. By such changes we would explain the occurrence of paralysis and convulsions, where they are but of short duration. Where they remain stationary, and are ushered in with acute or sub-acute febrile symptoms, then it is more probable that the inflammation has directly extended to the spinal cord and its membranes. Next to permanent total paralysis and paresis, contractions of the extremities are a most unfavorable symptom, as they nearly without exception point to immutable destructive processes in the spinal cord itself.

Decided elevations of temperature, distinctly referrible to the disease, were found only in cases of peracute vertebral ostitis and periostitis, and these were of a continued character, the morning remissions being inconsiderable, and the highest evening exacerbations fluctuated between 39·4° and 40·1° C. In all the cases running a sub-acute or chronic course, evening exacerbations above 38·5° C. were always due to some intercurrent acute affections of other organs, acute catarrhal affections, catarrhal pneumonia, &c. In exceptional cases of acute ostitis and periostitis of the cervical and thoracic vertebræ, an elevation of temperature of an intermittent character was observed. Large doses of quinine, continued several days in succession, brought the temperature down to 38·0° C. In a series of other cases of acute inflammation, the fever was of remittent form, the evening temperature rising to 39·0°–39·5° C., and the morning remissions falling to 38°–37·8° C. Nearly always, the temperature was higher in the afternoon, between 2 and 3, than in the evening.

The diagnosis of vertebral disease is founded upon the above described symptoms, and, in its advanced stage, is not difficult; on the other hand, the earlier stages sometimes escape detection, especially in vertebral ostitis existing in circumscribed osteo-myelitic herds, where the pain and deformity are but slight. The affections of the cervical portion offer, as a rule, the greatest difficulties for diagnosis. In some cases of acute circumscribed vertebral ostitis and periostitis, the child carries one or both thighs in the way peculiar to acute coxitis, using also, in walking, the gait peculiar to the latter disease; and if a careful examination of the back have not been made, it could easily happen that mistakes in diagnosis could be made which would not be discovered until, in the further progress of the disease, spinal deformities and other consecutive symptoms had made their appearance.

The question whether the inflammatory disease has run its course, or is still in progress, is often a very difficult one. In nearly all severe cases, even after cure has been effected, the first attempts to stand and walk are made with great difficulty, and the little patients sometimes experience squeezing sensations in the abdomen, referred to the place of insertion of the diaphragm, or to that of the recti abdominis muscles. These painful sensations, in cases completely cured, correspond with muscular pains that one is accustomed to feel after unusual muscular exertions, as in riding, gymnastics, &c. They can take place in cases not cured, and are then caused by extension of the inflammation towards the spinal canal, or by pressure of the infiltrated soft parts upon the roots of the nerves at their exit, &c.

The prognosis depends upon the constitution and general condition

of the patient, upon the cause of the disease, upon the acute or chronic character of the same, and upon the circumstance, "what part of the vertebral column is the seat of the disease," and "how soon after it originates it comes under treatment."

The treatment of vertebral diseases of children is based upon the etiological and anatomical relations of the disease, and follows the principle of treatment of diseases of joints generally. Of first and greatest importance, is the most complete rest possible. Such rest can be obtained by no apparatus, so as to admit of the patient's walking, standing or sitting, and throughout the whole duration of inflammatory symptoms the treatment can only be carried out with the patient *in bed*. In cases of relaxation and softening of the vertebral ligaments, due to general rachitic disease, a linen band, tightly enveloping the body and extending from the axilla to the hips, suffices to confine the patient on his back, being fastened to the bed by lateral bands attached to the side of the bed or to the outer slats. When the disease is more advanced, and when the patients are very restless and unmanageable, the author uses a well-fitting wire case, carefully padded. Such cases are made by Heren Wolfermann, Berne. It is better to include the patient's thighs in the apparatus. The slipping of the body upwards is best prevented by means of braces, and the body is secured in this wire case by wide breast-bands and hip-bands. An opening allows the acts of micturition and defæcation without disturbing the patient. The patient, fastened in the case, can be taken out in the open air. The case must be so constructed as to have no pressure on the spinous processes of the vertebræ, it being so arranged that they come to lie in a groove. Where there is a tendency to decubitus, the case can be lined with a specially constructed water-mattrass. When there is periostitis of the spinous processes, it is a good plan to put the patient for a few days upon the belly; when restless, being fastened by the linen band to the bed. If necessary, an ice-bladder can be placed over the band upon the affected spot. The neck, axilla, upper portion of the chest, hips and ham must be supported with pads of straw or bran. The application of tincture of iodine and of blisters is of service. In two cases of advanced vertebral ostitis, the author obtained most excellent results from the energetic and extensive use of the actual cautery at a white heat to the neighborhood of the diseased vertebræ. The use of this most painful remedy is very exceptionally necessary, as in the great majority of cases of vertebral ostitis and periostitis, recovery takes place by complete rest, application of ice, &c.

Congestion abscesses, when they do not take dangerous directions or purulent absorption is not threatened, should be left to open spontaneously.

Great care must be taken for good air and nourishment. Owing to the weak digestive powers of these children, there is often great difficulty in sufficiently nourishing them, having often to contend against flatulency, chronic vomiting and diarrhœa. For the latter, small quantities of lime-water and brandy, added to the milk, are often very useful. The body should be daily washed with cold water, and subsequently rubbed with a rough towel. This can be best performed with the patient lying on his side.

One of the most difficult questions in the treatment to decide is:—

when can the patient be allowed greater freedom of movement, to stand, sit up and walk? And, further: do they need a supporting apparatus, or is it, under certain circumstances, best not to use them? Where the case has been one of ostitis or periostitis of one or more vertebræ, already far advanced, a longer time is needed for recovery, and the first attempts to move should not be allowed for at least six months. The time for allowing this is determined, in these cases, by: the entire absence of pain over the diseased vertebræ on pressure, the absence of pain extending towards the upper chest, abdomen or extremities, and absence of increase of already existing spinal curvature, after careful attempts at standing made several days in succession; and, finally, the absence of general febrile action after those experimental practices. If, under the above circumstances, nutrition increases steadily and there are no disturbances of the general health, the attempts to stand and walk are continued, gradually increasing in duration. The progression must be a very guarded one, and it is advised from time to time to rest a day.

In those cases where the patient, after these exercises, becomes rapidly and markedly fatigued, or where it is not possible to carefully watch the patient, it will be necessary to support the vertebral column with an apparatus. The lighter this is constructed, the less the breast and abdomen are compressed, the more correctly the points of support for the application of the apparatus are chosen, the better will it answer its purpose and the better tolerated by the patient. The apparatuses of Chas. Fayette Taylor are recommended as the best, both for the earliest stages of the mildest forms of this disease as well as for the stage of convalescence.

For those cases of spinal curvature depending upon relaxation of the vertebral ligaments, one-sided muscular action or faulty positions, in addition to removing the cause, the author recommends wearing the wire case of Bonnet during the night. When this is followed for several months, in a majority of cases there is a sure and lasting cure.

For the treatment of patients affected with rachitis of the vertebræ, the placing of the patient on his back during the night in a properly fitting case, and for a few hours during the day, generally suffices. The child must be as much as possible in the open air, and the administration of cod-liver oil, during the cold seasons of the year, does most excellent service.

In the article from which this abstract is made, several of the most interesting cases are reported in full, and at the end is a tabular statement of the twenty-three cases of severer vertebral periostitis and ostitis observed by the author in the Children's Hospital.

(To be concluded.)

Dr. T. C. RENNER writes to the Department of Agriculture that, several years ago, he collected some poke-root (*Phytolacca decandra*) for medicinal purposes, and spread it at several places about the house to dry. Soon after, he observed that many cockroaches were lying dead, and, upon examination, found that they had been partaking freely of the poke-root. Some of the root was placed near their haunts, and the result was that it rid the premises of those insects. Others have since tested the remedy with satisfactory results.—*The Popular Science Monthly*, July, 1874.

Reports of Medical Societies.

American Ophthalmological Society.

The tenth annual meeting of this Society was held at the Aquidneck House, Newport, R. I., on Thursday and Friday, July 16 and 17, 1874, the President, Dr. C. R. Agnew, in the chair. Twenty-six members were present, from the cities of Albany, Baltimore, Boston, Brooklyn, Detroit, New Bedford, New York, Philadelphia, Pittsburg, Rochester, St. Louis and Worcester.

The following bulletin of papers was reported by the committee appointed by the President, and, after discussion, referred to the Publishing Committee.

1. Case of Herpes Zoster, the side of nose involved without affection of the eye. Dr. Wadsworth.
2. Six cases of Zoster. Dr. Jeffries.
3. Two cases of Syphilitic Lesion. Dr. Bull.
4. Case of Sympathetic Irritation following Injury. Dr. Dyer.
5. Sympathetic Ophthalmia. Dr. H. Derby.
6. Acquired Astigmatism. Dr. Noyes.
7. Atropine treatment of Myopia. Dr. H. Derby.
8. Case of Excessive Myopia. Dr. Noyes.
9. Case of Inflammation of the Orbit. Dr. Noyes.
10. Three Cases of Conical Cornea. Dr. Thomson.
11. Mydriasis Treated by Electricity. Dr. Webster.
12. V = 47-16. Dr. Jeffries.
13. Value of Color Tests. Dr. Green.
14. Optic Neuritis. Dr. Norris.
15. Circulation of the Retina. Dr. Bull.
16. Modification of the Ophthalmoscope. Dr. Loring.
17. Some Ophthalmological Notes. Dr. Loring.
18. Canthoplasty. Dr. Althof.
19. Trephining the Cornea. Dr. Agnew.
20. Treatment of Blepharospasm. Dr. Mathewson.
21. New Hook for Enucleation. Dr. Hay.
22. Congenital Lachrymal Fistula. Dr. Agnew.
23. Sarcoma of Choroid. Dr. Wadsworth.
24. Sarcoma; Enucleation. Dr. Stevens.
25. Sarcoma. Dr. Jeffries.
26. Foreign Body. Dr. Jeffries.
27. Three New Instruments. Dr. Murdock.
28. Operations for Entropion and Trichiasis. Dr. Green.
29. One hundred and eighteen Cataract Extractions. Dr. Agnew.
30. Twenty-two Cataract Extractions. Dr. Rider.
31. A New Method of Operating for Strabismus. Dr. J. F. Noyes.

The following officers were elected for the ensuing year:—

President.—Dr. C. R. Agnew.

Vice President.—Dr. G. Hay.

Recording Secretary.—Dr. R. H. Derby.

Corresponding Secretary.—Dr. H. Althof.

Committee on Progress of Ophthalmology.—Dr. O. F. Wadsworth.

Publishing Committee.—Drs. H. D. Noyes, E. G. Loring and R. H. Derby.

The School of Medicine in Paris was the scene of an anti-clerical demonstration recently. M. Hardy, one of the professors, was denounced by the *Univers* for classing the confessional among the predisposing causes of insanity. The students, by way of protest, saluted M. Hardy on his resuming his course of lectures. He was received with a triple round of applause. The *Univers* stigmatizes them as "irreverent sawbones."—*Lancet*, July 11.

Boston Medical and Surgical Journal.

Boston: Thursday, August 6, 1874.

Now that the accounts of the late meeting of the American Medical Association, as given in the various medical journals, have been received, together with the comments of the medical press on certain reforms which have lately been adopted by this organization, we are, in a measure, able to judge not only of the character of the meeting as compared with former ones, but also of the prospects which the Association, on its present basis, may hold out in the future for fairly representing the medical profession of this country.

The opening address was delivered by the President of the Association, Dr. Toner, of Washington; his remarks were of an interesting character, showed the true spirit of progress, and reflected credit upon himself and the Association.

There seems to have been little of interest occurring at the general meeting, the chief work having been accomplished by the members of the various sections. This is as it should be, and is in marked contrast with the exciting debates and absurd quarrels of former years. It is to the transactions of the sections, then, that we must turn for evidence as to the true character of the meeting. We regret to say that we find here little worthy to record. Beyond a somewhat "acrimonious" debate on the treatment of fractures in the surgical section and the reading of a few papers in various sections, a very few, whose authors' names render it probable that they were of a creditable standard, there was little done to make this meeting noteworthy or even creditable to the profession.

We are not familiar with the precise laws which regulate the selection of members of the new judicial council, the great feature of the present reform. It is evident, however, that the organizers of this council, or those on whom the duty of electing its members has devolved, have not succeeded in making it a body which is in any sense truly representative of the more distinguished portion of the profession, a character absolutely necessary for it to possess should it be considered desirable to induce a large, and, we believe, a better element in the profession, to take any active part in the affairs of the Association. The new plan of limiting delegates to State associations only, although perhaps an improvement on the old one, cannot alone be expected to effect this much to be desired change.

Two years ago, we gave the outlines of a scheme by which the character of the Association might be redeemed. The present reform can-

not be considered more than a half-way measure which holds out small hopes for any decided improvement. Moreover, the spirit in which certain criticism on the character of the Association has been received by some of its most influential members, is not encouraging to those who hoped to find existing among its leaders an earnest desire to discover the faults of the old organization and to raise it to a standard high enough to satisfy even the most exacting critic, and make it not only thoroughly creditable to the profession, but also fairly representing all sections of the country.

The Army bill passed by the last Congress, after long discussion, has disappointed many who hoped that something like justice would be done to the Medical Staff. The profession has very properly taken great interest in this matter, and it is not an agreeable thing to be forced to the conviction that its earnest appeals in behalf of Army surgeons have been despised by our legislators. Instead of providing for any increase of rank, or giving any encouragement to good officers to look forward to promotion, Congress has reduced the corps by cutting off two lieutenant-colonels and ten surgeons. Thus, while provision is made by the bill for the filling of existing vacancies in the grade of assistant surgeons, not only are the inducements taken away that will make the service reasonably attractive and remunerative, and lead *competent* young men to enter it, but tried and experienced officers have been defrauded of the well-deserved promotion that has for years been delusively held before them, till now they are unexpectedly assured of many more years in an inferior rank.

It is difficult to conceive of anything more discouraging than the labor, under such circumstances, of keeping up the service to the high standard that has been raised for it. The Surgeon-General, in his annual reports of the last five years, has declared that serious and increasing injury has been done to the service by the persistent neglect of its manifest requirements, notwithstanding his report in 1872, that "many of the best medical officers, having the advantage of the large experience of the late war, disheartened by the faint prospect of advancement are resigning"; and that after repeated appeals to Congress, he was compelled, in his report of last year, to "urge most earnestly upon its attention the pressing and absolute necessity for such legislation as will secure to our officers and soldiers the efficient and reliable attendance in wounds and sickness which the government should provide."

The indifference that has been manifested by Congress to the claims of the medical officers for like consideration with other staff corps, has only been equalled by its thoughtless disregard of the needs of the officers and soldiers for whom it is its duty to provide.

To give dignity to the position of a medical officer and make it attractive; to make the commission so valuable and desirable as to command the best medical talent, directly and humanely promotes the welfare of the whole army. The attainment of this end should be made paramount to all other considerations; but it has been hindered by all recent legislation in the matter, and the present law, which apparently provides for more commissioned officers, will not prove satisfactory. Good men will avoid the service, and the corps will be slowly filled; while irresponsible and often incompetent contract-surgeons must still be employed.

Would it not be well, in the future discussion of this subject, to make more prominent the claims of the Army upon Congress and the country for at least competent medical attendance?

This matter should not be allowed to rest here. In the interest of humanity and the efficiency of the public service, renewed and more determined efforts on the part of the profession should be made to influence legislation in the right direction.

Correspondence.

Letter from Edinburgh.

Edinburgh, July 16, 1874.

The quaint old city looks much as it did five years ago, when I first saw it, but it is fully as charming on the second visit as on the first. I have no means of knowing how many changes may have taken place in medical circles, but doubtless one of the most important is the removal hither of Mr. Lister from Glasgow. He has greatly simplified his method, but the underlying principle is the same, and the results, as he claims, better than ever. I, of course, am unable to judge of the latter statement by a single visit, but my belief in the soundness of the principle and in its great advantage for hospital practice remains unshaken. Success by this method is, like liberty, to be secured only by eternal vigilance, and Professor Lister dwells strongly on the care necessary in all the dressings and examinations. The spray-producing apparatus is run about the wards on wheels, and, so well trained are the assistants, its use does not appear inconvenient. Boracic acid is used to some extent, as a disinfectant; it is less irritating than carbolic acid, and apparently as effectual.

I revisited the museums with great interest and profit. The museum of any school, though not a certain guide, is very suggestive of the kind of anatomical instruction given there, and I hope during my holiday to be able to compare those of several cities with one another. The University Museum contains many beautiful injections of the viscera of different animals by the late Professor Goodsir, and also Dr. Pettigrew's magnificent dissections of the nerves and of the fibres of the heart. Would that he had taken warning by Icarus and kept to the terra-firma of anatomical demonstration. The attention of the visitor is called to the skeleton of Burke, that zealous resurrectionist, who, not content with snatching "subjects," presumed to make them, and whose name now enriches the English vocabulary. One or two rooms near the dissecting-room are arranged for the convenience of the students of anatomy. Around the walls, at a convenient height from the ground, is a row of glass cases, each of which contains a bone, or a finely

dissected, ligamentous preparation. There are skulls, both entire and divided, with the bones painted different colors. Each case is made to revolve freely, but so that it cannot be opened or removed.

The Museum of the Royal College of Surgeons, though hardly as interesting as the other, has much that is worthy of notice. Facing the entrance, is the skeleton of an elephant, and perched astride on its shoulders, in the position he occupied during life, is that of his keeper, who was hanged, I forget whether for murder or theft. The taste for the grotesquely horrible appears to linger in the anatomical mind; even Hyrtl could not resist setting up a skeleton Laocoön, snakes and all. There are here many arterial injections of great merit, perhaps the most interesting of which is one of a leg after ligature of the femoral artery, showing the reëstablishment of the circulation. In the Museum of Science and Arts hangs the skeleton of Dr. Knox's celebrated whale. It is not very perfect, and neither very correctly nor elegantly mounted, but it is very impressive from its great size. T. D. JR.

CHATTANOOGA, TENN., July 24, 1874.

MESSRS. EDITORS,—In your issue of July 16th, in reply to my letter of June 11th, asking your comments on an article from the *Eclectic Journal* on a so-called pathognomonic symptom of smallpox in its earliest stage of eruption, you reply, "We are not aware that this is in any way new." If you allude to the statement contained in the clipping, I agree with you perfectly; but if your comment is intended as an endorsement of the article, I will venture to say that the teaching therein set forth is as false and deceptive as it is trite, and that the shotty feeling, however acceptable it may be to a wavering mind, so far from being the leading diagnostic symptom in the early stage, is only in exceptional cases serviceable at all. Its presence is confirmatory, but its absence cannot be taken as evidence that the eruption is not that of smallpox, notwithstanding Tilbury Fox says:—"These spots are, in the very outset, small papules, red, hard and pointed." I have great deference for the opinions and teachings of Fox, but I have seen cases enough to enable me to speak with confidence in which the eruption, when first discoverable, was as free from the characteristic hard feeling as that of scarlatina. The first case of the kind I observed was that of a boy ten years old. I would have pronounced it smallpox at first sight, but had been accustomed to confirm my diagnosis by touch (a very unnecessary practice), and consequently was much surprised to find the skin so smooth. It proved to be a case of confluent and hæmorrhagic smallpox, terminating in death about the fourth day. The next case was that of a girl about a year and a half old, who had been vaccinated about six days before the onset of the disease, but who had been constantly in the room with her father, who was well broken out before her vaccination, which was making good progress, but of course was too late. She died about the third day of the eruption. Since that time, I have studied this point very closely at every opportunity, and have found the hardness wanting at the outset in a very considerable proportion of cases; and, for aught I know, it may have been wanting in every case at the very beginning, since I had not opportunities of determining. Be that as it may, the hardness very soon appears. Flint says:—"At first it appears in the form of small red spots or specks, sometimes having a purplish or livid color. It is now a maculated eruption. The central part of the *maculæ* becomes hard, slightly elevated and pointed. A change has taken place from a maculated to a papular eruption." It will be observed he distinctly states that the maculæ *become* hard. Here is a plain contradiction to Fox's statement, but Wood speaks of the eruption at its first appearance as consisting of "bright red specks," and further on says:—"On the third or fourth day, the pocks are distinctly formed, being round and flattened on the top, in the centre of which is often a little depression, giving to the eruption a characteristic umbilicated appearance. They are now hard to the touch." The last sentence unequivocally implies that the "bright red specks" are not hard,

and the fact that the author mentions the hardness only after speaking of the umbilication, shows plainly how little he values the former as a diagnostic sign. Watson does not allude to it at all, nor is it strange, since the great desideratum is to make a diagnosis earlier than the hardness appears, and after it has appeared other signs are amply sufficient without it. In light cases of varioloid, this sign is of unquestionable service when the pimples are few and the constitutional disturbance is slight or wanting; but, in ordinary cases of smallpox, the locality of the first eruption and its visual appearance, together with the rational symptoms, are so unmistakable that any but the merest novice may make a diagnosis with the utmost confidence at the period when a decision is most imperative, so that what the *Eclectic Journal* calls "an unfailing diagnostic symptom" is of no special importance in the generality of cases, and only occasionally useful in mild cases of varioloid and anomalous cases of smallpox. Very respectfully yours,

J. S. BURNS, M.D.

Medical Miscellany.

ACCORDING to the *Richmond and Louisville Medical Journal*, the Convention of Confederate Surgeons, held on the 21st of May, at Atlanta, was not a success, Georgia being almost the only State represented. Dr. S. P. Moore, the Confederate Surgeon General, was elected President. The next meeting is announced to take place in Richmond, July, 1875.

TWO BOSTONIANS MAKE A SUCCESSFUL ASCENT OF MONT BLANC.—Dr. J. B. Ayer, and Mr. W. O. Mosely (student in medicine, and a veteran traveller), both of this city, are spending their vacation in a pedestrian tour through Switzerland; and, on July 7th, they made a successful ascent of Mont Blanc. Leaving the Grands Mulets at 1 o'clock, A.M., with clear skies, and fortified by strong coffee, the tourists were roped to the guide in front, and porter in the rear, at distances of fifteen feet apart. The guide, lantern in hand, sounded every suspicious place with his stock. In the rarefied atmosphere, they suffered from intense thirst, which snow and ice would not quench; but they found great relief from Tyndall's suggestion of chewing prunes and raisins.

At 3.30, the sun put in an appearance, and a glorious sunrise! The snow, in places, was two and three feet deep. The Dome der Goutè was at length reached, and afterwards the Grand Plateau, when breakfast was taken, at 5 o'clock. The view of the "needles" was grand beyond description. A long and wide crevasse, which could not be crossed, was cautiously approached by each individual on hands and knees, and a look into the unfathomable abyss below, lined with clear blue ice, was indulged for a moment. One of the party felt slight exhilaration, and afterwards nausea, but no giddiness.

Occasionally resting for five minutes, the final stretch was one hour and seven minutes, when the party reached the summit, in fine condition. Approaching the top, the roar of cannon was heard, fired from Chamouny, announcing the result.

The view from the summit is not very distinct, save that of Monte Rosa and the Matterhorn; an elevation of 15,781 feet is too high to distinguish lower objects clearly. Temperature, 50° F. The descent to the Grands Mulets was lively, partly, by sliding, and made in 4 hours, 21 minutes, including a stop of 30 minutes.

A Scotchman made the ascent on the second day; and an Englishman arrived at the Grands Mulets for the same purpose, but was taken seriously ill, and obliged to descend next day.

Whilst the tourists were at dinner, at the Hôtel des Alpes, four round of cannon were fired on the grounds in honor of the event, bouquets presented, and a general ovation. This was the 438th ascension, and the 4th successful one made this year.

"THEY DO THESE THINGS MUCH BETTER IN FRANCE."—Last May, at Châteaudun, three venders of a quack medicine were condemned in the Criminal Court—one to three years imprisonment, two to two years, and all three to pay a fine of five hundred francs each. They were convicted in ten instances, in which the total of their receipts had not reached the sum of seven hundred francs. They were tried for *swindling*.

"This is noble!" said I, clapping my hands together.

INCOMES OF LONDON HOSPITALS.—The most wealthy hospitals are the oldest. Bartholomew's, Guy's and St. Thomas's head the list with an annual income each of £40,000. Then comes the London Hospital with an income of £26,000 and vested funds of £200,000. St. George's and St. Mary's have each £15,000 a year. King's College, University College and the Royal Free have each £12,000 a year; the Charing Cross £10,000 and the Westminster £7,000. Of sixteen general hospitals, the returns of fourteen show, in the aggregate, an annual income of £200,000. The incomes of the "special" hospitals depend mostly on voluntary contributions. It is curious to observe that the diseases which attract the most sympathy are those which cause the most suffering. Foremost stand the hospitals for consumption and diseases of the chest, six of these giving a return, as a whole, of £40,947 as the receipts of 1870. The united incomes of thirty-eight special hospitals are £137,000, making, with the general hospitals, a grand total of £337,000 a year.—*British Medical Journal.*

NOTES AND QUERIES.

MESSRS. EDITORS,—"C. E. S." calls attention to the use of castanea vesca in pertussis. A fluid extract, prepared by one of our druggists, has been employed by the writer for several weeks, with satisfactory results. The fluid extract was prepared according to Maisch's formula (vide *American Journal of Pharmacy*, December, 1871). In the *Philadelphia Medical Times*, Dec. 28, 1872, may be found a paper by Dr. Thomas D. Davis, recommending the use of Maisch's fluid extract and giving a tabulated account of the results obtained.

P. W. G.

OBSTETRICAL ANÆSTHESIA.

PROF. DEPAUL is reported to have said, at the Academy of Medicine at Paris, that accidents from the obstetrical administration of chloroform are not unknown, and that he is in possession of cases in which sudden death has been produced by it.

DIED,—In this city, Aug. 1st, Surgeon A. N. McLaren, United States Army.

MORTALITY IN MASSACHUSETTS.—*Deaths in fourteen Cities and towns for the week ending July 25, 1874.*

Boston, 157; Worcester, 23; Lowell, 20; Milford, 6; Chelsea, 8; Salem, 10; Lawrence, 12; Springfield, 10; Lynn, 12; Fitchburg, 4; Newburyport, 5; Somerville, 10; Haverhill, 1; Holyoke, 11. Total, 299.

Prevalent Diseases.—Cholera infantum, 63; consumption, 47; diarrhœa and dysentery, 13.

F. W. DRAPER, M.D.
Secretary pro tem. of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, August 1st, 205. Males, 111; females, 94. Accident, 5; abscess, 1; apoplexy, 2; aneurism, 1; inflammation of the bowels, 3; disease of the bladder, 1; bronchitis, 3; inflammation of the brain, 1; congestion of the brain, 1; disease of the brain, 5; burned, 1; cancer, 3; cholera infantum, 87; cholera morbus, 5; consumption, 16; convulsions, 3; croup, 1; debility, 2; diarrhœa, 10; dropsy, 1; dropsy of the brain, 2; drowned, 2; dysentery, 1; diphtheria, 1; scarlet fever, 2; typhoid fever, 5; disease of the heart, 1; disease of the kidneys, 2; inflammation of the lungs, 6; marasmus, 13; measles, 2; old age, 2; premature birth, 2; peritonitis, 2; puerperal disease, 1; rheumatism, 1; suicide, 1; scrofula, 1; sunstroke, 1; teething, 1; suppression of urine, 1; whooping cough, 3.

Under 5 years of age, 139; between 5 and 20 years, 12; between 20 and 40 years, 24; between 40 and 60 years, 12; over 60 years, 18. Born in the United States, 168; Ireland, 24; other places, 13.